

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICAN UNITY PAC INC			FEC IDENTIFICATION NUMBER ▼ C C00523589		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee HVT-Marketing			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address S66 W14523 Janesville Rd.			Amount 50000.00		
City Muskego	State WI	Zip Code 53150	Transaction ID : SE.4739 Date of Disbursement or Obligation 08 / 26 / 2014		
Purpose of Expenditure IE-Collins-Media Production/Media Buy		Category/ Type 004			
Name of Federal Candidate SUSAN M COLLINS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought		50000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee McCarthy Hennings Whalen Inc.			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 1850 M St., NW Ste. 235			Amount 10126.84		
City Washington	State DC	Zip Code 20036	Transaction ID : SE.4740 Date of Disbursement or Obligation 09 / 09 / 2014		
Purpose of Expenditure IE-Dent-Media Production		Category/ Type 004			
Name of Federal Candidate CHARLES W DENT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		50126.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60126.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Margaret Hoover</i>		[Electronically Filed]		Date 09 / 11 / 2014	

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Form/Schedule: F24N

Transaction ID :

Due to a technical limitation with FECFile, the committee was unable to list the disbursement date of the payments to Mentzer Media as August 13, 2014, because that date falls within a prior reporting period.

Form/Schedule:

Transaction ID:

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee McCarthy Hennings Whalen Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 1850 M St., NW Ste. 235		Amount 9108.04
City Washington	State DC	Zip Code 20036
Purpose of Expenditure IE-Ros-Lehtinen-Media Production	Category/Type 004	Transaction ID : SE.4741 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate ILEANA ROS-LEHTINEN	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 49108.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mentzer Media Services Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 600 Fairmount Ave., Ste. 306		Amount 40000.00
City Towson	State MD	Zip Code 21286
Purpose of Expenditure IE-Dent-Media Buy	Category/Type 004	Transaction ID : SE.4742 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate CHARLES W DENT	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 40000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49108.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Margaret Hoover

[Electronically Filed]

Date

MM / DD / YYYY
09 / 11 / 2014

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mentzer Media Services Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 600 Fairmount Ave., Ste. 306		Amount 40000.00	
City Towson	State MD	Zip Code 21286	Transaction ID : SE.4743
Purpose of Expenditure IE-Ros-Lehtinen-Media Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate ILEANA ROS-LEHTINEN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 40000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	149234.88

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Margaret Hoover

[Electronically Filed]

Date

MM / DD / YYYY
09 / 11 / 2014

Signature